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TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Allen W. Olsen
Art Unit: 1763

DATE: November 29, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 18

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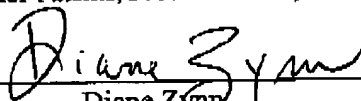
MESSAGE:
Patent Application No.: 10/648,429; Our Ref. 81872.0050
I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter
☒ Petition for Extension of Time (2 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

November 29, 2005
Date of Deposit

Diane Zynn

TELECOPY/FAX NUMBER: 571-273-8300   ART UNIT 1763

CLIENT NUMBER: 81872.0050

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: 571-272-1442 (return fax to Sheila Goldner)

\\\LA - 81872/0050 - 238377 v1

FORM PTO-1083

Attorney Docket No. 81872.0050
Patent Application No. 10/648,429

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yosuke INOMATA, et al.

Serial No: 10/648,429

Filed: August 26, 2003
For: Method and Apparatus for Processing Substrate and
        Plate Used Therein

Art Unit: 1763
Examiner: Allan W. Olsen

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Commissioner for Patents
P.O. Box 1450
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Signature   11/29/05
                                Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-	20	**	11	LG=$50 SM=$25	$50	$ 550
INDEPENDENT CLAIMS FEE	11	-	9	***	2	LG=$200 SM=$100	$200	$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = $360 SMALL ENTITY FEE = $180		$ 0
Independent Claims: 1, 5, 7, 8, 11, 14, 15, 16, 20, 21, 25							TOTAL	$ 950

\-   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒   Please charge the fee of $950 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒   Please charge the fee of $450 for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒   The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
        ☒   Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
        ☒   Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: November 29, 2005

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